



OSLO FILATELISTKLUBB

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APPLICATION FORM OSLO PHIL. SOCIETY

I hereby wish to apply to become a member of the Oslo Philatelic Society (OFK) on the conditions laid down in the Society's status.

Name:

_____ (last name) _____ (first name / middle name)

Date of birth: _____ Profession: _____

Postal address: _____

Zip code: _____ Place: _____

Phone: _____ Mobile: _____

E-mail address: _____

I'm also member of _____ (another philatelic society or club)

If you wish you may state topics of philatelic interest below:

_____ (place) _____ (date)

_____ (signature)

CLUB USE

Anmeldt:

Opptatt:

Tilskrevet:

Medlemsnummer:

KINDLY SEND THIS FORM IN SIGNED CONDITION BY POST OR FAX